IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PI	LC			Attorney Do	cket No.:	116124	
Alexandria, Virginia			•		Date:	July 28, 2	003
Telephone: (703) 836- Facsimile: (703) 836-2			MAIL ST	OP PATEN	T APPLI	<u>ICATION</u>	
Customer Number:							
Commissioner for Pater P.O. Box 1450 Alexandria, VA 22313		KULE 91	.53(0)		.s. PTO 7916		
Sir:							0/62 0/62
Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application							
For (Title): MANUFACTURING DEVICE AND MANUFACTURING METHOD FOR SYNTHETIC						C	
RESIN HOLLOW MOLDED BODY							
By (Inventors):	Hiroshi KOYAMA, Tetsuya KUNO						
Formal drawings (Figs. 1-11; 7 sheets) are attached. Use Figure for front page of Publication. A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to TOYODA BOSHOKU CORPORATION. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. filed in is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application(s) is filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE OTHER THAN A SMALL ENTITY							
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	<u>OR</u>	RATE	FEE
BASIC FEE				\$ 375	<u>OR</u>		\$ 750
TOTAL CLAIMS	13 - 20	= 0*	x 9=	\$	<u>OR</u>	x 18	\$
INDEP CLAIMS	2 - 3	= 0*	x 42 =	\$	<u>OR</u>	x 84	\$
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+ 140 =	\$	<u>OR</u>	+ 280	\$
* If the difference is less than zero, enter "0".			TOTAL	\$	<u>OR</u>	TOTAL	\$ 750

Check No. 144674 in the amount of \$750.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted

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